



**Montana Application for Certification as an
OPERATOR of A WATER DISTRIBUTION SYSTEM, A WATER
TREATMENT SYSTEM or WASTEWATER TREATMENT SYSTEM**
(in accordance with Sections 37-42-101 through 37-42-322, MCA).

MAIL WITH CORRECT FEES TO:

MT DEQ/WWOC
P.O. Box 200901
Helena, MT 59620-0901
Phone: (406) 444-3434
Attention: Reta Therriault
*See below for fees due
with application*

Please leave blank - for office use only

rev. 01/03

Application pd: _____ Emp? _____ Rcpt#: _____ Date: _____

Examination pd: _____ Emp? _____ Rcpt#: _____ Date: _____

Reciprocity pd: _____ Emp? _____ Rcpt#: _____ Date: _____

Operator Status:

OPERATOR NUMBER _____

Temporary _____ Date _____

In Training _____ Date _____

Fully Certified _____ Date _____

___ Letter ___ Exp Voucher ___ Computer ___ Receipt

___ Cert ___ Months needed ___ Emp Ltr _____ Study Materials

GENERAL INFORMATION: To be fully certified, applicants must pass the appropriate examination, have a high school diploma, and fulfill the appropriate experience requirements for each class (First Class - 2 years; Second Class - 1.5 years; Third Class - 1 year; Fourth Class - 6 months; Fifth Class - 3 months.) **Full completion of this application is important in determining your qualifications to become a fully certified operator.**

Examinations are scheduled in March and September each year. Class 1, 2, or 3 applicants must take their examinations at these scheduled times. Class 3&4 wastewater or 4&5 water applicants may take their examinations by appointment in a Department of Environmental Quality office or at special exam sites. Applications, fees and examination notices must be submitted at least **15 days before each scheduled examination** (NO EXCEPTIONS WILL BE GRANTED.)

As of January 14, 2000, **application fees are \$70 for water (distribution or treatment) and/or \$70 for wastewater (municipal or industrial.) Examination fees are \$70** for each examination, including the combined well water examinations for Class 2A3B, 3A4B, 4AB, and 5AB. Application and examination fees should be included with this application. **Application fees** are good for one year from date of application and **are not refundable**.

NAME: _____
Last First Middle Social Security No. Birth date

HOME ADDRESS: _____
Street or P.O. Box City State Zip County Home Phone

PRESENT EMPLOYMENT: _____
(Please fill in completely) Your Job Title Your Supervisor's Name Business Phone
Fax #: _____ Cell Phone

System Name PWS or MPDES # System MAILING Address City ZIP County

CERTIFICATIONS PRESENTLY HELD, IF ANY: _____ OPERATOR #: _____

MAIL INFORMATION TO: ___ Home or ___ Work

TYPE AND CLASSIFICATION OF CERTIFICATE(S) APPLIED FOR:

Type	Class	Leave lines blank	Exam #
	1 2 3 4 5		
A. Water Distribution System Operator:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____
B. Water Treatment Plant Operator:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____
C. Wastewater Treatment Plant Operator:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> --	_____	_____
D. Industrial Wastewater Treatment Plant Operator:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> --	_____	_____

SYSTEM EXPERIENCE RECORD--General (Please fill in completely → this information is required to determine if you will become an operator-in-training or a fully certified operator.)

What year did you enter work in a WATER DISTRIBUTION (WD) SYSTEM?	What year did you enter work in a WATER (WT) SYSTEM?	What year did you enter work in a WASTEWATER (WW) SYSTEM?
Enter number of <u>years</u> WD experience in: 1. Operation and maintenance: _____ _____ 2. Maintenance: _____ _____ 3. Other (describe): _____ _____ _____ _____ _____	Enter number of <u>years</u> WT experience in: 1. Groundwater source: _____ 2. Surface water source: _____ 3. Chlorination: _____ 4. Fluoridation: _____ 5. Stabilization: _____ 6. Iron or manganese removal: _____ 7. Lime, lime/soda softening: _____ 8. Coagulation & sedimentation: _____ 9. Filtration: _____ 10. Other (describe): _____ _____ _____	Enter number of <u>years</u> WW experience in: 1. Conventional/high rate activated sludge: _____ 2. Biological nutrient removal: _____ 3. Physical-chemical treatment: _____ 4. Extended aeration: _____ 5. Oxidation ditches: _____ 6. Trickling filters: _____ 7. Package plants: _____ 8. Bio-discs: _____ 9. Aerated lagoons: _____ 10. Facultative lagoons: _____ 11. Other: _____ _____

SYSTEM EXPERIENCE RECORD--Be Specific: Please list below your **water distribution, water treatment, and wastewater system** work experience in detail. Begin with your present or last employment and continue in reverse time order. If you have held two or more positions for the same plant or different levels of responsibility or with different duties, list and describe them separately the same as though this had been for separate employers. If you have more than five (5) separate periods of employment, fill out a blank sheet in the same form as that outlined below and attach.

System Name: _____ Owner Name: _____ PWS # _____ MPDES # _____ Address: _____ City _____ State: _____ Zip: _____ Phone # _____ Job Title (Check one) ____ Superintendent ____ Chief Chemist ____ Asst. Supt. ____ Lab Tech. ____ Shift Spvr. ____ Mechanic ____ Operator ____ Electrician Other _____	<p align="center"><u>EMPLOYMENT DATES</u></p> <div style="display: flex; justify-content: space-around;"> From _____ Month and Year To _____ Month and Year </div> Total _____ employed Years and Months Hours per week _____ ____ Full time ____ Part Time	<p align="center"><u>DETAILED DESCRIPTION OF DUTIES</u></p> (If work was of a supervisory nature, give number supervised) Specific Duties: _____ _____ _____ Reason for Leaving: _____ _____ _____
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DESCRIBE THE SYSTEM PRESENTLY OPERATED: *(type of system, treatment, and population served - be specific):*

EDUCATIONAL REQUIREMENT: All applicants for certification are required to have graduated from high school or hold a G.E.D. Certificate, unless the applicant submits a written application for a special exception from this requirement and the department grants the exception. Contact the certification office to receive a high school diploma waiver form.

Two days of education in post-secondary engineering training or the equivalent may be substituted for each day of experience up to 1/2 of the experience requirement described on the front of this application. **This education will not be considered unless the dates of completion and degrees earned are listed.**

HIGH SCHOOL _____
Name and Location Year Graduated

or G.E.D CERTIFICATE _____
State Where Issued Date of Issue

COLLEGE OR VO-TECH _____
Name and Location Major and Minor Curricula

Degree earned Date Quarters or Semesters Completed

OTHER COLLEGE OR VO-TECH _____
Name and Location Major and Minor Curricula

Degree earned Date Quarters or Semesters Completed

EMPLOYER NOTIFICATION (Your employer will automatically be notified if they paid your application and examination fees. If your employer **DID NOT** pay, please check one):

_____ Please notify my present employer of the results of my examination(s).

_____ DO NOT notify my present employer of the results of my examination(s).

CERTIFICATE OF APPLICANT: (***Important** - Please read carefully before signing. Unsigned and undated applications will be invalidated or returned. All signatures must be notarized.*)

I agree to uphold the Montana Operator Code of Ethics which reads: "Using my best judgment and operating skills, I will always work, to protect the public health, to ensure good service, to protect public property and the environment, by applying my skills in operating water and wastewater system equipment, by properly and accurately completing required records, following and complying with state and federal rules and regulations, continuing my education in my field, and working with management to establish distinct and safe operating policies for the public utilities for which I am entrusted."

I swear under penalty of perjury that all information provided in this application submitted for certification is true. I understand that misstatement of material facts may result in forfeiture of all rights to certification in accordance with Section 37-42-101 through 37-42-322, MCA.

SIGNATURE _____ **DATE** _____
(applicant signature)

Signed before me this _____ day of _____, 20_____

(SEAL)

NOTARY PUBLIC for the State of Montana
Residing at _____, Montana
My commission expires: _____